

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010049

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 679

FILED APR 10 1962

1. PLACE OF DEATH

a. COUNTY BUTLER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN POPLAR BLUFFLength of stay in 1b
25 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VETERANS ADMINISTRATIONInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY CARTER

c. CITY
OR TOWN GRANDINInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
NONEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

TED

Middle

(NONE)

Last

DILDINE

4. DATE OF DEATH

Month

Day

Year

MARCH 23, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-21-04

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

UNKNOWN

11. BIRTHPLACE (City and state or country)

CARTER COUNTY, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

THOMAS M. DILDIN E

13b. MOTHER'S MAIDEN NAME

ELLEN HUNTER

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
YES WWII

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MALIGNANT NEOPLASM, TYPE UNDETERMINED, METASTATIC,
PRIMARY SITE UNDETERMINED.INTERVAL BETWEEN
ONSET AND DEATH

Unknown

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from February 26, 1962 to March 23, 1962 and last saw her alive on

Death occurred at 7:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert S. Cohen

22b. ADDRESS

22c. DATE SIGNED

ROBERT S. COHEN, M.D., Chief, Medical Svc. VA Hospital, Poplar Bluff, Mo.

3/28/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

3-26-62

Scott Cemetery

Carter Co MO

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

McSpadden Funeral Home Van Buren

4/7/1962

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

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Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Allen C. McGovern

Licensed Embalmer No. 4543

P. O. Address San Buen, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.